

Fertility Medications

Most plans do not cover medications to improve or achieve fertility or treat infertility. However, certain plans provide coverage. If your plan provides coverage for fertility/infertility medications, cost share will apply based on whether the medication is a brand or a generic:

Generic Medication: Tier 1

Brand Medication: Tier 3

Coinsurance plans that provide coverage will generally be covered at the retail & mail order coinsurance level. However, certain medications to improve or achieve fertility or treat infertility may apply a different cost share.

Tier	Description
1	Low Cost Share
2	Moderate Cost Share
3	Moderately High Cost Share
4	Highest Cost Share
A	Specialty Medications, Low Cost Share
B	Specialty Medications, Moderate Cost Share
C	Specialty Medications, Moderately High Cost Share
D	Specialty Medications, Highest Cost Share

Plans may include specialty medications at varying cost share tiers.

To check coverage and copay information for a medication under your plan, visit azblue.com and log into MyBlue. If you do not have access to the website, call the Pharmacy Benefits number on the back of your member ID card.

Questions?

Log in to MyBlueSM to find participating retail pharmacies, review your specific benefit information, and compare medication pricing and options. If you have questions, please call us.

Member Services	Phone Number	Standard Hours of Operation
Pharmacy Benefits	1 (866) 325-1794	24/7/365
BCBSAZ	Call the number on your ID card	8:30 a.m. to 4:30 p.m. Monday - Friday

Fertility Rider Drug List

Drug	Notes
Endocrine And Metabolic Agents - Misc.	
*Gnrh/Lhrh Antagonists***	
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance)); F
<i>ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous</i>	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance)); F
*Ovulation Stimulants-Gonadotropins***	
<i>chorionic gonadotropin intramuscular</i>	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
FOLLISTIM AQ SUBCUTANEOUS	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
GONAL-F	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
GONAL-F RFF	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
MENOPUR	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
NOVAREL	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
OVIDREL	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
PREGNYL	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
*Ovulation Stimulants-Synthetic***	
CLOMID	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance)); F
Progestins	
*Progestins***	
<i>progesterone micronized transdermal</i>	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance)); F

OPEN Drug List; Last revision date:04/25/2024 To search for a drug use control + f

Drug	Notes
Vaginal And Related Products	
*Vaginal Progestins***	
ENDOMETRIN	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance)); F

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If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, 602-864-2288, TTY/TDD 602-864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



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